hæmothorax now became an empyema. The brown color gradually changed to yellow, but at the same time the quantity diminished very much, and remained perfectly sweet. At the present time the amount drawn is not quite an ounce. The patient is thin, but is taking her food well and has been up on several occasions. The temperature has been normal for a long time, and the respirations averaged 22. On the left side only healthy signs are discoverable; on the right side clearness posteriorly, except in the upper scapular region, and in front clear below and hyper-resonant on gentle percussion over the part where the ribs were excised. Air seems to enter the lung well in the lower parts, and ordinary respiratory sounds are also heard in the suprascapular fossa. In the subclavicular fossa are the sounds produced by the air entering the small opening in the chest wall.

The author regrets that he did not introduce a drainage tube at the beginning. This, he thinks, would have hastened very much the ultimate healing.

The patient has steadily gained flesh and strength, and at the time of writing was up and about and preparing to return to her home.—*British Medical Journal*, June 3, 1893.

JAMES P. WARBASSE (Brooklyn).

II. Hernia of the Vermiform Appendix; a Report of Forty-one Cases. By Dr. BRIEGER (Breslau). The author presents a series of forty-one cases: In twenty cases it was of the inguinal variety; in fifteen cases the femoral; in six cases the variety was not stated. In twenty-three cases the appendix was incarcerated; in seven it was reducible, and in eleven the condition was not stated. In only eight cases was the appendix normal. Operation was performed in twenty-six cases; sixteen cases were entirely cured; two were cured, but had a fistulous opening; five died; in three cases the result was not stated.

As the study of the cases had advanced, the prognosis, which was formerly unfavorable, has of late become much more favorable.

From a careful study of these cases, he draws the following conclusions:

1. Hernia of the vermiform appendix is more frequent than is generally accepted.

2. It is impossible to diagnose with certainty a hernia of the vermiform appendix. When there are present the symptoms of an incarcerated hernia in the right inguinal or femoral regions, one should think of the possibility also of an incarcerated hernia of the appendix.

3. A hernia of the appendix may produce more or less severe complications inasmuch as the vermiform appendix is so frequently the seat of pathological processes.

4. This variety of hernia demands an early operative interference, because of the threatened complications which may arise from the appendix.

5. This operation, almost without exception, must consist in the resection of the vermiform appendix. The method of Mikulicz is the best employed for the closure of the stump. The appendix must not be returned unless absolutely normal.—*Archiv für klinische Chirurgie*, Band XLV, Heft 4.

III. Gangrene in Strangulated Hernia; Resection versus Anus Præternaturalis; Conclusions from 576 Cases. By H. P. ZEIDLER (St. Petersburg). This subject has been treated in an exhaustive manner by this thorough and uncommonly diligent writer. The paper embraces the histories of 289 cases in which primary resection was performed for strangulated hernia, and 287 cases in which the anus præternaturalis was made. In the first group 142 (49.13 per cent.) died, and in the second group 213 (74.22 per cent.); that is, an increase in the mortality of 25 per cent. The explanation of these numbers becomes clearer when the special cause of death is understood.

From the first series 20 cases, and from the second series 74 cases are excluded, because the definite cause of death was not stated.